

**NO FEE/EXPIRATION STICKER
REPLACEMENT AFFIDAVIT**

E-22 REV. 6-2001

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

CUSTOMIZED SERVICES SECTION

On The Web At <http://dmvct.org>

DMV USE ONLY

STICKER NUMBER

EXPIRATION DATE

NAME OF REGISTRANT

OFFICE AND CLOCK NUMBER

ADDRESS *(Number and Street, City or Town, State, Zip Code)*

EXPIRATION DATE OF REGISTRATION

REGISTRATION NUMBER

TYPE OF REGISTRATION

☐

PASSENGER

☐

COMBINATION

☐

COMMERCIAL

☐

OTHER *(Explain)*

☐

I HAVE NOT RECEIVED MY REGISTRATION CERTIFICATE AND STICKERS IN THE MAIL

☐

MY REGISTRATION CERTIFICATE WAS LOST OR STOLEN

☐

MY REGISTRATION STICKER WAS LOST, STOLEN, OR MUTILATED

I declare, under penalty of false statement, that to the best of my knowledge and belief the information provided on this affidavit is complete and accurate.

SIGNATURE OF REGISTRANT

DATE SIGNED

X